

**COMPLIANCE CHECKLIST****OP13 Freestanding Emergency Care Facilities**

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 2018 Edition of the FGI Guidelines for Design and Construction of Hospitals. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Accreditation requirements of The Joint Commission
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797
- Regulations of the Massachusetts Board of Registration in Pharmacy
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- Local Authorities having jurisdiction.

**Instructions:**

1. All requirement lines must be completed according to the following instructions and included in the plan submissions for Self-Certification Process or Abbreviated Review Process.
2. This checklist must be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist.
3. Each requirement line (\_\_\_\_) of this Checklist must be completed exclusively with one of the following marks, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the mark "E" may be indicated on the requirement line (\_\_\_\_) before the name of the functional space (associated requirements on indented lines below that name, or associated MEP requirements do not have to be completed in this case). If more than one functional space serves a given required function (e.g. patient room or exam room), that clarification should be provided in the Project Narrative, and the requirement lines are understood to only address the functional spaces that are involved in the project.

**X** = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

**E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project.

**W** = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request). An explicit floor plan or plan detail must be attached to each waiver request.

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
6. Oxygen, vacuum, medical air, and waste anesthesia gas disposal outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", & "WAGD".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. The location requirements including asterisks (\*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

**Architectural Requirements****Building Systems Requirements**

2.8	<b><u>SATELLITE EMERGENCY FACILITY</u></b>		
2.8-1.1	Application:		
2.8-1.1.1	<input type="checkbox"/> free-standing emergency care facility that is not located on same campus as hospital <input type="checkbox"/> intended to provide emergency services 24 hours/day 7 days/week		
2.8-3	<b>PATIENT CARE &amp; DIAGNOSTIC AREAS</b>		
2.8-3.2	<input type="checkbox"/> Reception & triage area		
2.8-6.2.2.1(1)	<input type="checkbox"/> located near both pedestrian & vehicular drop-off entrances & designed to allow staff to monitor entrances		
(2)	<input type="checkbox"/> public access points to treatment area are under direct observation from reception & triage areas		
2.8-6.2.2.2	<input type="checkbox"/> Triage area	Ventilation:	
(2)	<input type="checkbox"/> provisions for patient privacy	<input type="checkbox"/> Min. 12 air changes per hour	Table 7.1
(3)	<input type="checkbox"/> handwashing stations	<input type="checkbox"/> Exhaust	
(a)	<input type="checkbox"/> provided in each triage room	<input type="checkbox"/> Negative pressure	
(b)	<input type="checkbox"/> 1 handwashing station provided for every 4 triage bays or cubicles	Power:	
(4)	<input type="checkbox"/> hand sanitation dispenser provided in each triage bay or cubicle	<input type="checkbox"/> Min. 6 receptacles	Table 2.1-1
(5)	<input type="checkbox"/> access to panic button for security emergencies	<input type="checkbox"/> Convenient to head of gurney or bed	
		<input type="checkbox"/> at least 3 outlets connected to emergency system power	
		Nurse Call System:	
		<input type="checkbox"/> Patient station	Table 2.1-3
		<input type="checkbox"/> Staff assistance station	
		Medical Gases:	
		<input type="checkbox"/> 1 OX, 1 VAC	Table 2.1-2
2.8-3.3	Communications with Emergency Medical Services:		
2.8-3.3.1	<input type="checkbox"/> communication connections to EMS		
2.8-3.3.2	<input type="checkbox"/> EMS base station <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> designed to reduce noise distractions & interruptions during radio transmissions		
2.8-3.4	<input type="checkbox"/> Treatment room or area		
2.1-3.2.1.1(1)	<input type="checkbox"/> provisions to preserve patient privacy from observation from outside treatment room		
2.8-3.4.1.2	<input type="checkbox"/> exam/treatment rooms used for pelvic exams allow for foot of examination table to face away from door		

**Architectural Requirements**

- 2.8-3.4.2 ☐ Single-patient treatment room
- 2.8-3.4.2.1 ☐ Space Requirements:
- (1) ☐ New Construction
- (2)(a) ☐ min clear floor area 120 sf
- ☐ min clear dimension 10'-0"
- ☐ min clearance 3'-0" at each side & at foot of exam table
- or**
- (3) ☐ Renovation:
- ☐ min clear floor area 100 sf
- 2.8-3.4.2.2 ☐ Space Requirements:
- (1) ☐ portable or fixed examination light
- (2) ☐ accommodations for written and/or electronic documentation
- (3) ☐ space for visitor's chair
- (4) ☐ handwashing station
- (5) ☐ storage for supplies
- (6) ☐ space for medical equipment
- (7) ☐ view panel designed for patient visual privacy adjacent\* to and/or in door
- 2.8-3.4.3 ☐ Multiple-patient treatment room
- ☐ check if not included in project
- 2.8-3.4.3.2 ☐ Space Requirements:
- (1) ☐ separate patient bays or cubicles with min clear floor area 80 sf per patient care station
- (2)(a) ☐ min clearance 5'-0" between sides of adjacent\* patient beds
- (2)(b) ☐ min clearance 4'-0" between sides of patient beds & adjacent\* walls or partitions
- 2.1-3.1.2 ☐ means of visual patient privacy
- 2.8-3.4.3.3(1) ☐ examination light in each bay or cubicle
- 2.8-3.4.3.3(2) ☐ accommodations for written or electronic documentation in each bay or cubicle
- 2.8-3.4.3.3(3) ☐ space for visitor's chair in each bay or cubicle
- 2.8-3.4.3.4 ☐ Handwashing Station:
- (1) ☐ at least one handwashing station provided in each multiple-patient treatment room
- 2.1-3.8.7.3(1) ☐ at least one handwashing station for every 4 patient care stations or fewer & for each major fraction thereof
- 2.1-3.8.7.3(2) ☐ handwashing stations evenly distributed based on arrangement of patient care stations
- 2.8-3.4.3.5 ☐ supply storage provided in multiple-patient treatment room

**Building Systems Requirements**

- Ventilation:
- ☐ Min. 6 air changes per hour Table 7.1
- Power:
- ☐ Min. 12 receptacles Table 2.1-1
- ☐ 4 convenient to head of exam table or gurney
- Nurse Call System:
- ☐ Patient station Table 2.1-3
- ☐ Staff assistance station
- Medical Gases:
- ☐ 1 OX, 1 VAC Table 2.1-2
- Ventilation:
- ☐ Min. 6 air changes per hour Table 7.1
- Power:
- ☐ Min. 12 receptacles Table 2.1-1
- ☐ 4 convenient to head of exam table or gurney
- Nurse Call System:
- ☐ Patient station Table 2.1-3
- ☐ Staff assistance station
- Medical Gases:
- ☐ 1 OX, 1 VAC Table 2.1-2

**Architectural Requirements****Building Systems Requirements**

<b>2.8-3.4.4 Trauma/Resuscitation Rooms</b>			
2.8-3.4.4.1(1)	___ Single-patient trauma/resuscitation room <input type="checkbox"/> check if <u>not</u> included in project		
(a)	___ min. clear floor area 250 sf	Ventilation:	
(b)	___ min. clearance 5'-0" provided around all sides of gurney	___ Min. 15 air changes per hour	Table 7.1
		___ Positive pressure	
		___ No recirculating room units	
2.8-3.4.4.2(1)	___ space for storage of supplies	Power:	
2.8-3.4.4.2(2)	___ PACS or film illuminators to allow viewing of images & films	___ Min. 16 receptacles	Table 2.1-1
2.8-3.4.4.2(3) + Errata	___ handwashing station	___ Convenient to head of gurney or bed	
2.8-3.4.4.2(4)	___ space for code cart	Nurse Call System:	
2.8-3.4.4.2(5)	___ examination lights	___ Patient station	Table 2.1-3
2.8-3.4.4.2(6)	___ accommodations for written or electronic documentation	___ Staff assistance station	
		Medical Gases:	
2.8-3.4.4.2(7)	___ physiological monitoring equipment	___ 2 OX, 2 VAC, 1 MA	Table 2.1-2
2.8-3.4.4.2(8)	___ storage for personal protective equipment		
 (2) ___ Multiple-patient trauma/resuscitation room <input type="checkbox"/> check if <u>not</u> included in project			
(a)	___ min. clear floor area 200 sf for each patient care bay defined by privacy curtains	Ventilation:	
(b)	___ min. clearance 5'-0" provided around all sides of gurney	___ Min. 15 air changes per hour	Table 7.1
		___ Positive pressure	
		___ No recirculating room units	
	___ min. clearance 10'-0" between patient beds or gurneys	Power:	
2.8-3.4.4.2(1)	___ space for storage of supplies	___ Min. 16 receptacles	
2.8-3.4.4.2(2)	___ PACS or film illuminators to allow viewing of images & films	___ Convenient to head of gurney or bed	Table 2.1-1
2.8-3.4.4.2(3) +Errata	___ handwashing station	Nurse Call System:	
2.8-3.4.4.2(4)	___ space for code cart	___ Patient station	Table 2.1-3
2.8-3.4.4.2(5)	___ examination lights	___ Staff assistance station	
2.8-3.4.4.2(6)	___ accommodations for written or electronic documentation	Medical Gases:	
2.8-3.4.4.2(7)	___ physiological monitoring equipment	___ 2 OX, 2 VAC, 1 MA	Table 2.1-2
2.8-3.4.4.2(8)	___ storage for personal protective equipment		
2.8-3.4.4.4	___ Doorways leading from ambulance entrance to T/R room have min clear width 72" & min. height 83.5"		

**Architectural Requirements****Building Systems Requirements****2.8-3.4.5 Dedicated Pediatric Emergency Facilities**☐ check if not included in project**2.8-3.4.5.1 \_\_\_\_\_ Single-patient pediatric treatment rooms**

(1) \_\_\_\_\_ located adjacent\* to family waiting area &amp; toilet room

(2) \_\_\_\_\_ Space Requirements:

(1) \_\_\_\_\_ New Construction

\_\_\_\_\_ min clear floor area 120 sf

\_\_\_\_\_ min clear dimension 10'-0"

(2)(a) \_\_\_\_\_ min clearance 3'-0" at each side &amp; at foot of exam table

**or**

(3) \_\_\_\_\_ Renovation:

\_\_\_\_\_ min clear floor area 100 sf

Ventilation:

\_\_\_\_\_ Min. 6 air changes per hour Table 7.1

Power:

\_\_\_\_\_ Min. 12 receptacles Table 2.1-1

\_\_\_\_\_ 4 convenient to head of exam table or gurney

Nurse Call System:

\_\_\_\_\_ Patient station Table 2.1-3

\_\_\_\_\_ Staff assistance station

Medical Gases:

\_\_\_\_\_ 1 OX, 1 VAC Table 2.1-2

2.8-3.4.2.2(1) \_\_\_\_\_ portable or fixed examination light

2.8-3.4.2.2(2) \_\_\_\_\_ accommodations for written and/or electronic documentation

2.8-3.4.2.2(3) \_\_\_\_\_ space for visitor's chair

2.8-3.4.2.2(4) \_\_\_\_\_ handwashing station

2.8-3.4.2.2(5) \_\_\_\_\_ storage for supplies

2.8-3.4.2.2(6) \_\_\_\_\_ space for medical equipment

2.8-3.4.2.2(7) \_\_\_\_\_ view panel designed for patient visual privacy adjacent\* to or in door

**2.8-3.4.3 \_\_\_\_\_ Multiple-patient pediatric treatment room**☐ check if not included in project

2.8-3.4.3.2 \_\_\_\_\_ Space Requirements:

(1) \_\_\_\_\_ separate patient bays or cubicles w/ min clear floor area 80 sf per patient care station

(2)(a) \_\_\_\_\_ min clearance 5'-0" between sides of adjacent\* patient beds

(2)(b) \_\_\_\_\_ min clearance 4'-0" between sides of patient beds &amp; adjacent\* walls or partitions

Ventilation:

\_\_\_\_\_ Min. 6 air changes per hour Table 7.1

Power:

\_\_\_\_\_ Min. 12 receptacles Table 2.1-1

\_\_\_\_\_ 4 convenient to head of exam table or gurney

Nurse Call System:

\_\_\_\_\_ Patient station Table 2.1-3

\_\_\_\_\_ Staff assistance station

Medical Gases:

\_\_\_\_\_ 1 OX, 1 VAC per patient Table 2.1-2

2.1-3.1.2 \_\_\_\_\_ means of visual patient privacy

2.8-3.4.3.3(1) \_\_\_\_\_ examination light in each bay or cubicle

2.8-3.4.3.3(2) \_\_\_\_\_ accommodations for written or electronic documentation in each bay or cubicle

2.8-3.4.3.3(3) \_\_\_\_\_ space for visitor's chair in each bay or cubicle

**Architectural Requirements****Building Systems Requirements**

2.8-3.4.3.4	Handwashing Station:		
(1)	___ at least one handwashing station provided in each multiple-patient treatment room		
2.1-3.8.7.3(1)	___ at least one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof		
2.1-3.8.7.3(2)	___ handwashing stations evenly distributed based on arrangement of patient care stations		
2.8-3.4.3.5	___ supply storage provided in multiple-patient treatment room		
2.8-3.4.5.2	___ Pediatric trauma/resuscitation rooms		
2.8-3.4.4.1(1)	___ Single-patient T/R room		
	___ <input type="checkbox"/> check if <u>not</u> included in project		
(a)	___ min. clear floor area 250 sf	Ventilation:	
(b)	___ min. clearance 5'-0" provided around all sides of gurney	___ Min. 15 air changes per hour	Table 7.1
2.8-3.4.4.2(1)	___ space for storage of supplies	___ Positive pressure	
2.8-3.4.4.2(2)	___ PACS or film illuminators	___ No recirculating room units	
2.8-3.4.4.2(3)	___ handwashing station	Power:	
+ Errata		___ Min. 16 receptacles	Table 2.1-1
2.8-3.4.4.2(4)	___ space for code cart	___ Convenient to patient head	
2.8-3.4.4.2(5)	___ examination lights	Nurse Call System:	
2.8-3.4.4.2(6)	___ accommodations for written or electronic documentation	___ Patient station	Table 2.1-3
		___ Staff assistance station	
2.8-3.4.4.2(7)	___ physiological monitoring equipment	Medical Gases:	
		___ 2 OX, 2 VAC, 1 MA	Table 2.1-2
2.8-3.4.4.2(8)	___ storage for personal protective equipment		
(2)	___ Multiple-patient T/R room		
	___ <input type="checkbox"/> check if <u>not</u> included in project		
(a)	___ min. clear floor area 200 sf for each patient care bay defined by privacy curtains	Ventilation:	
(b)	___ min. clearance 5'-0" provided around all sides of gurney	___ Min. 15 air changes per hour	Table 7.1
	___ min. clearance 10'-0" between patient beds or gurneys	___ Positive pressure	
2.8-3.4.4.2(1)	___ space for storage of supplies	___ No recirculating room units	
2.8-3.4.4.2(2)	___ PACS or film illuminators	Power:	
2.8-3.4.4.2(3)	___ handwashing station	___ Min. 16 receptacles	Table 2.1-1
+ Errata		___ Convenient to patient head	
2.8-3.4.4.2(4)	___ space for code cart	Nurse Call System:	
2.8-3.4.4.2(5)	___ examination lights	___ Patient station	Table 2.1-3
2.8-3.4.4.2(6)	___ accommodations for written or electronic documentation	___ Staff assistance station	
		Medical Gases:	
		___ 2 OX, 2 VAC, 1 MA per patient	Table 2.1-2

**Architectural Requirements****Building Systems Requirements**

2.8-3.4.4.2(7)	___ physiological monitoring equipment		
2.8-3.4.4.2(8)	___ storage for personal protective equipment		
2.8-3.4.4.4	___ Doorways leading from ambulance entrance to T/R room have min clear width 72" & min. height 83.5"		
2.8-3.4.5.3	___ Playroom or play area provided in waiting room or waiting area		
2.8-3.4.6	___ Treatment room for patients of size		
2.1-2.7.1	Space Requirements:		
2.1-2.7.1.1(1)	___ min. 5'-0" clearance at foot of expanded-capacity exam table	Ventilation: ___ Min. 6 air changes per hour	Table 7.1
2.1-2.7.1.1(2)	___ min. 3'-0" clearance on non-transfer side of expanded- capacity exam table	Lighting: ___ Portable or fixed exam light	2.1-8.3.4.3(1)
2.8-3.4.6.2	___ min. 5'-6" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift	Power: ___ Min. 8 receptacles ___ 4 convenient to head of exam table or gurney	Table 2.1-1
2.1-2.7.1.1(3)(b)	or ___ min. 7'-0" on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift	Nurse Call System: ___ Patient station ___ Staff assistance station	Table 2.1-3
2.8-3.4.6.3	___ room dedicated for patients of size or ___ treatment room subdivided with cubicle curtains or movable partitions to accommodate more than one patient when not used for patient of size ___ each resulting bay or cubicle meets all electrical & medical gas requirements for emergency department treatment areas	Medical Gases: ___ 1 OX, 1 VAC	Table 2.1-2
2.1-2.10.1	___ all plumbing fixtures, handrails, grab bars, patient lift, equipment, built-in furniture & other furnishings designed to accommodate maximum patient weight		
2.1-2.10.2	Door Openings:		
2.1-2.10.2.1	___ all door openings used for path of travel to public areas & areas for care of patients of size have min. clear width of 45.5"		
2.1-2.10.2.2	___ door openings to toilet rooms designated for patients of size have min. clear width of 45.5"		

**Architectural Requirements****Building Systems Requirements**2.1-2.3.5 ☐ Patient of Size toilet room2.1-2.3.5.1 ☐ expanded-capacity toilet  
☐ mounted min. 36" from finished wall to centerline of toilet on both sides**or**2.1-2.3.5.2 ☐ regular toilet  
☐ mounted min. 44" from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet

Ventilation:

☐ Min. 10 air changes per hour Table 7.1  
☐ Exhaust  
☐ Negative pressure  
☐ No recirculating room units2.1-2.3.5.3 ☐ rectangular clear floor area min. 46" wide extends 72" from front of toilet2.1-2.3.4.1 Handwashing stations  
☐ downward static force required for handwashing stations designated for patients of size accommodates maximum patient weight of patient population2.8-3.4.8 ☐ Human decontamination space2.8-3.4.8.1 ☐ separate temporary mobile unit that is readily accessible\* for deployment  
☐ this mobile unit meet requirements of decontamination room & requirements for Mobile/Transportable Medical Unit**or**☐ human decontamination room2.8-3.4.8.2 ☐ Human decontamination room  
☐ check if not included in project (only if separate temporary mobile decontamination unit is provided)

(1) Location:

(a) ☐ outside entry door located as far as practical but no less than 10'-0" from closest other entrance

Ventilation:

☐ Min. 12 air changes per hour Table 7.1  
☐ Exhaust  
☐ Negative pressure  
☐ No recirculating room units(b) ☐ internal door provides direct access into corridor of emergency facility or into treatment room  
☐ internal door swings into room  
☐ door lockable against ingress from corridor or treatment room



**Architectural Requirements****Building Systems Requirements**

- (2) Space Requirements:  
     \_\_\_ min. clear floor area 80 sf
- (3) Special Architectural Details:
- (a) \_\_\_ all surfaces are smooth,  
     non-porous, scrubbable,  
     non-absorptive & non-  
     perforated
- (b) \_\_\_ floor self-coving to height of 6"
- (4) Special Plumbing Requirements:
- (a) \_\_\_ room equipped with two  
     handheld shower heads  
     \_\_\_ temperature controls  
     \_\_\_ floor drain  
     \_\_\_ dedicated holding tank
- (b) \_\_\_ fixtures are acid resistant
- (c) \_\_\_ portable or hard-piped oxygen  
     \_\_\_ portable suction

2.8-3.4.9

**Fast-Track Area**
☐ check if not included in project

2.8-3.4.2

\_\_\_ Single-patient treatment rooms

## Space Requirements:

- 2.8-3.4.9.1 \_\_\_ min. clear floor area 100 sf
- 2.8-3.4.2.1 \_\_\_ min. clear dimension 10'-0"
- \_\_\_ min. clearance 3'-0" at each  
     side & at foot of exam table
- (1) \_\_\_ portable or fixed examination light
- (2) \_\_\_ accommodations for written  
     and/or electronic documentation
- (3) \_\_\_ space for visitor's chair
- (4) \_\_\_ handwashing station
- (5) \_\_\_ storage for supplies
- (6) \_\_\_ space for medical equipment
- (7) \_\_\_ view panel designed for patient  
     visual privacy adjacent\* to or in door

## Ventilation:

\_\_\_ Min. 6 air changes per hour Table 7.1

## Power:

\_\_\_ Min. 12 receptacles Table 2.1-1

\_\_\_ 4 convenient to head of exam  
     table or gurney

## Nurse Call System:

\_\_\_ Patient station Table 2.1-3

\_\_\_ Staff assistance station

## Medical Gases:

\_\_\_ 1 OX, 1 VAC Table 2.1-2

2.8-3.4.9.2

\_\_\_ Waiting area designated for fast-track area

☐ check if not included in project

- (1) \_\_\_ patient toilet room immediately  
     accessible\*
- (2) \_\_\_ min. 2 chairs per patient treatment room

**Architectural Requirements****Building Systems Requirements**

- 2.8-3.5.2 ☐ Airborne infection isolation (AII) room
- 2.1-3.3.2.1(2) ☐ meets requirements for treatment room
- 2.1-3.3.2.2(1) ☐ each room designed for only one patient
- 2.1-3.3.2.2(2) ☐ handwashing station
- 2.1-3.3.2.2(3) ☐ personal protective equipment (PPE) storage
- ☐ located at room entrance
- 2.1-3.3.2.3 ☐ anteroom
- ☐ check if not included in project
- (1) ☐ anteroom provide space for persons to don PPE before entering AII room
- (2) ☐ all doors to anteroom have self-closing devices
- (3)(a) ☐ handwashing station
- (3)(b) ☐ storage for unused PPE
- (3)(c) ☐ disposal/holding container for used PPE
- 2.1-3.3.2.4 Architectural Details & Furnishings:
- (1)(a) ☐ perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration
- (1)(b) ☐ self-closing devices on all room exit doors
- or**
- ☐ activation of audible alarm when AII room is in use as isolation room
- ☐ edge seals provided along sides & top of doorframe for any door into AII room
- (2)(a) ☐ window treatments do not include fabric drapes & curtains
- 2.1-3.3.2.5 ☐ AII room pressure visual or audible alarm
- 2.8-3.5.3 ☐ Secure holding room
- ☐ check if not included in project
- 2.8-3.5.3.1 ☐ location facilitates staff observation & monitoring of patients
- 2.8-3.5.3.2 ☐ min. clear floor area of 60 sf
- ☐ min. wall length 7'-0"
- ☐ maximum wall length 11'-0"
- 2.8-3.5.3.3 ☐ room designed to prevent injury to patients
- Ventilation:
- ☐ Min. 12 air changes per hour
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units
- ☐ Exhaust register located directly above patient bed on ceiling or on wall near head of bed
- Table 7.1
- Part 3/7.2.1

**Architectural Requirements****Building Systems Requirements**

- (1) ☐ all finishes, light fixtures, vents & diffusers & sprinklers be impact-tamper- & ligature resistant
- (2) ☐ no electrical outlets, medical gas outlets or similar devices
- (3) ☐ no sharp corners edges or protrusions  
☐ walls free of objects or accessories
- (4) ☐ doors swing out & have hardware on exterior side only
- (5) ☐ door includes small impact-resistant view panel or window for discreet staff observation of patient
- 2.8-3.S.3.4 ☐ min. clear door opening 45.5"
- 2.8-3.5.4 ☐ Observation space  
☐ at least one observation bed with full cardiac monitoring is provided
- 2.5-3.3.1.1 ☐ facilities for holding patients until they can be discharged or transferred to appropriate hospital  
☐ dedicated observation space
- 2.5-3.3.1.2 **or**  
☐ examination or treatment room(s) designated as observation rooms
- 2.5-3.3.3.1 ☐ direct visual observation of each patient or door to treatment room from nurse station
- 2.5-3.3.3.2(1)  
2.1-3.1.2 ☐ each observation space design ensures appropriate levels of patient speech & visual privacy & dignity throughout care process
- 2.1-3.10.2 ☐ Patient toilet room
- 2.5-3.3.3.2(2) ☐ readily accessible\* to each observation space
- 2.1-3.10.2.1 ☐ provided separate from public use toilet rooms  
☐ located to permit access from patient care areas without passing through publicly accessible areas
- 2.1-3.10.2.2 ☐ equipped with toilet & handwashing station

**Ventilation:**

- ☐ Min. 10 air changes per hour Table 7.1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

**Imaging Services:**

- 2.8-3.6 ☐ Radiography room (Class 1 imaging room)
- Table 2.1-5 ☐ Flooring:  
☐ cleanable & wear-resistant for the location; stable, firm & slip-resistant

**Ventilation:**

- ☐ Min. 6 air changes per hour Table 7.1
- Power:**

**Architectural Requirements****Building Systems Requirements**

- 2.1-3.5.2.3(1) ☐ Wall Finishes:  
☐ washable  
☐ Ceiling:  
☐ cleanable with routine housekeeping equipment  
☐ handwashing station
- 2.1-3.5.3.2 ☐ Shielded control alcove or room
- 2.1-3.5.1.3(1) ☐ sized & configured according to manufacturer's recommendations
- (a) ☐ shielded view window designed to provide full view of patient at all times (with possible use of closed-circuit video monitoring)
- 2.1-3.5.2.2 ☐ Space Requirements:  
 (1) ☐ imaging room complies with recommendations from manufacturer  
☐ installation plans from manufacturer have been submitted to DPH Plan Review
- (2)(a) ☐ min. clearance 4'-0" on all circulating sides of patient table/bed/couch gantry or assembly
- 2.1-3.5.2.4(d) ☐ Structural Support:  
☐ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment

- ☐ Min. 8 receptacles  
☐ 4 on each lateral side of the imaging gantry
- Table 2.1-1

**Support Areas for Freestanding Emergency Care Facility:**

- 2.8-3.8 ☐ Administrative center or nurse station  
 (may include decentralized nurse stations near clusters of treatment rooms)
- 2.8-3.8.2.2 ☐ nurse master station & central monitoring equipment provided
- 2.8-3.8.2.4 ☐ observation of all traffic into unit & of all patients from nurse station
- 2.1-3.8.2.1 ☐ work counter
- 2.1-3.8.2.2 ☐ means for facilitating staff communication
- 2.1-3.8.2.3 ☐ space for supplies

**Architectural Requirements****Building Systems Requirements**

- |                 |                                                                                                     |                                  |           |
|-----------------|-----------------------------------------------------------------------------------------------------|----------------------------------|-----------|
| 2.1-3.8.2.4     | ___ accommodations for written or electronic documentation                                          |                                  |           |
| 2.1-3.8.2.5     | ___ hand sanitation dispenser                                                                       |                                  |           |
| 2.8-3.8.11      | ___ Clean supply room                                                                               | Ventilation:                     |           |
| 2.1-3.8.11.3    | ___ used only for storage & holding as part of system for distribution of clean & sterile materials | ___ Min. 4 air changes per hour  | Table 7.1 |
|                 |                                                                                                     | ___ Positive pressure            |           |
| 2.8-3.8.12      | ___ Soiled workroom                                                                                 |                                  |           |
| 2.1-3.8.12.1    | ___ no direct connection with clean workrooms or clean supply rooms                                 |                                  |           |
| 2.1-3.8.12.2(1) |                                                                                                     |                                  |           |
| (a)             | ___ handwashing station                                                                             | Ventilation:                     |           |
| (b)             | ___ flushing-rim clinical service sink or equivalent flushing-rim fixture                           | ___ Min. 10 air changes per hour | Table 7.1 |
|                 |                                                                                                     | ___ Exhaust                      |           |
| (c)             | ___ work counter                                                                                    | ___ Negative pressure            |           |
| (d)             | ___ space for separate covered containers for waste & soiled linen                                  | ___ No recirculating room units  |           |
| 2.1-3.8.12.2(2) | ___ fluid management system                                                                         |                                  |           |
|                 | ___ <input type="checkbox"/> check if <u>not</u> included in project                                |                                  |           |
| (a)             | ___ electrical & plumbing connections that meet manufacturer requirements                           |                                  |           |
| (b)             | ___ space for docking station                                                                       |                                  |           |
| 2.8-3.8.13(2)   | ___ Storage for general medical/surgical supplies, medications & equipment                          |                                  |           |
|                 | ___ out of traffic                                                                                  |                                  |           |
|                 | ___ located under staff control                                                                     |                                  |           |
| 2.8-3.8.13(3)   | ___ Wheelchair & gurney storage area for arriving patients                                          |                                  |           |
|                 | ___ located out of traffic                                                                          |                                  |           |
|                 | ___ access to emergency entrances                                                                   |                                  |           |
| 2.8-3.8.13(4)   | ___ Emergency equipment storage                                                                     |                                  |           |
| 2.1-3.8.13.4(2) | ___ readily accessible*                                                                             |                                  |           |
|                 | ___ under staff control                                                                             |                                  |           |
| 2.1-3.8.13.4(3) | ___ storage of battery-powered CPR cart                                                             |                                  |           |
|                 | ___ electrical outlet for battery charging is provided                                              |                                  |           |
| 2.8-3.8.14      | ___ Environmental services room                                                                     |                                  |           |
| 2.1-5.3.1.1(3)  | (may serve more than one clinical service area on same floor)                                       | Ventilation:                     |           |
| 2.1-5.3.1.1(1)  | ___ min. one ES room per floor                                                                      | ___ Min. 10 air changes per hour | Table 7.1 |
| 2.1-5.3.1.2(1)  | ___ service sink or floor-mounted mop sink                                                          | ___ Exhaust                      |           |
| 2.1-5.3.1.2(2)  | ___ provisions for storage of supplies & housekeeping equipment                                     | ___ Negative pressure            |           |
|                 |                                                                                                     | ___ No recirculating room units  |           |
| 2.1-5.3.1.2(3)  | ___ handwashing station or hand sanitation dispenser                                                |                                  |           |

**Architectural Requirements****Building Systems Requirements**

- 2.8-3.8.16 ☐ Security station  
☐ check if not included in project  
☐ located near emergency entrances & triage/reception area  
☐ means of observing public waiting area  
☐ means of observing ED entrances including pedestrian & ambulance entrances  
☐ means of controlling access

2.8-3.9 **Support Areas for Staff:**

- 2.8-3.9.1 ☐ Staff lounge  
☐ immediately accessible\* to patient care & diagnostic areas  
☐ min. floor area 100 sf
- 2.8-3.9.2 ☐ Staff toilet room  
☐ immediately accessible\* to patient care & diagnostic areas
- 2.8-3.9.2.2 ☐ toilet & handwashing station
- 2.8-3.9.3 ☐ Staff storage facilities
- 2.8-3.9.3.1 ☐ securable closets or cabinet compartments for personal articles of staff  
☐ located in or near nurse station
- 2.8-3.9.3.2 ☐ storage of coats in closets or cabinets on each floor  
**or**  
☐ storage of coats in central staff locker area

## Ventilation:

- ☐ Min. 10 air changes per hour Table 7.1  
☐ Exhaust  
☐ Negative pressure  
☐ No recirculating room units

2.8-3.10 **Support Areas for Patients:**

- 2.8-3.10.2 ☐ Patient toilet room  
☐ min. one patient toilet room per six treatment rooms & for each fraction thereof  
☐ handwashing station

## Ventilation:

- ☐ Min. 10 air changes per hour Table 7.1  
☐ Exhaust  
☐ Negative pressure  
☐ No recirculating room units

2.8-4 **PATIENT SUPPORT FACILITIES**

- 2.8-4.1 Laboratory Services:  
☐ Compliance Checklist OP2 has been submitted to DPH Plan Review

- 2.8-4.2 Pharmacy Services:  
☐ Full service pharmacy  
☐ Compliance Checklist OP3 has been submitted to DPH Plan Review  
**or**

**Architectural Requirements****Building Systems Requirements**

2.8-4.2.1	___ Medication preparation room		
2.1-3.8.8.1(2)(b)	___ work space designed so that staff can access information & perform required tasks		
2.1-3.8.8.1(2)(c)	___ work counters provide space to perform required tasks	Ventilation: ___ Min. 4 air changes per hour	Table 7.1
2.1-3.8.8.1(2)(e)	___ sharps containers placed at height that allows users to see top of container	Lighting: ___ Task-specific lighting level min. 100 foot-candles	2.1-3.8.8.1(2)(d)
2.1-3.8.8.2	___ work counter		
(1)(a)	___ handwashing station		
	___ lockable refrigerator		
	___ locked storage for controlled drugs		
	___ sharps containers		
	___ <input type="checkbox"/> check if not included in project		
(b)	___ self-contained medication dispensing units		
	___ <input type="checkbox"/> check if not included in project		
	___ room designed with space to prepare medications		
2.1-4.4	Linen Services: ___ Dedicated on-site linen processing area <b>or</b> ___ Off-site laundry services		
2.1-4.4.2	___ Dedicated on-site linen processing area ___ <input type="checkbox"/> check if <u>not</u> included in project (only if linen is processed off-site)		
2.1-4.4.2.1(1)	___ area large enough to accommodate washer, dryer & any plumbing equipment needed to meet temperature requirements		
2.1-4.4.2.1(2)	___ area divided into distinct soiled area (sorting & washing) & clean area (drying & folding)		
2.1-4.4.2.2	___ storage for laundry supplies		
2.1-4.4.2.3	___ clean linen storage		
2.1-4.4.2.4	___ handwashing station		
2.1-4.4.3	___ Support areas for outpatient facilities using off-site laundry services ___ <input type="checkbox"/> check if <u>not</u> included in project (only if linen is processed on-site)		
2.1-4.4.3.1	___ soiled linen holding area or ___ dedicated soiled laundry carts area		

**Architectural Requirements****Building Systems Requirements**

2.1-4.4.3.2 \_\_\_\_\_ clean linen storage area or  
dedicated clean linen carts area

2.8-4.5 \_\_\_\_\_ Nourishment area or room

2.1-3.8.9.1 \_\_\_\_\_ handwashing station in or directly  
accessible\*

Ventilation:

\_\_\_\_\_ Min. 2 air changes per hour Table 7.1

2.1-3.8.9.2 \_\_\_\_\_ work counter

2.1-3.8.9.3 \_\_\_\_\_ storage

2.1-3.8.9.4 \_\_\_\_\_ fixtures & appliances for beverages &  
nourishment

2.7-4.3 **STERILE PROCESSING**

\_\_\_\_\_ Facilities for on-site sterile processing

**or**

\_\_\_\_\_ Off-site sterile processing

\_\_\_\_\_ Facilities for on-site sterile processing

☐ check if not included in project

\_\_\_\_\_ Compliance Checklist OP4 has been  
submitted

\_\_\_\_\_ Support areas for facilities using off-site  
sterile processing

☐ check if not included in project (only if  
sterile processing is performed on-site)

2.1-4.3.3.1 \_\_\_\_\_ room for breakdown (receiving/  
unpacking) of clean/sterile supplies

2.1-4.3.3.2 \_\_\_\_\_ room for on-site storage of clean &  
sterile supplies

2.1-4.3.2.4(1) \_\_\_\_\_ storage for sterile & clean  
instruments & supplies

(a) \_\_\_\_\_ separate equipment & supply  
storage room

**or**

\_\_\_\_\_ designated equipment & supply  
storage area in clean workroom

(b) \_\_\_\_\_ space for case cart storage  
☐ check if not included in project  
(only if case carts are not used)

(c) \_\_\_\_\_ provisions to maintain humidity &  
temperature levels

2.1-4.3.3.3 \_\_\_\_\_ room with flush-type device for gross  
decontamination & holding of soiled  
instruments

2.1-3.8.12.1 \_\_\_\_\_ does not have direct connection  
with clean workrooms or clean  
supply rooms



**Architectural Requirements****Building Systems Requirements**

2.1-3.8.12.2(1)

- (a) ☐ handwashing station
- (b) ☐ flushing-rim clinical service sink or equivalent flushing-rim fixture
- (c) ☐ work counter
- (d) ☐ space for separate covered containers for waste & soiled linen

Ventilation:

- ☐ Min. 10 air changes per hour
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Table 7.1

- (2) ☐ fluid management system
  - ☐ check if not included in project
- (a) ☐ electrical & plumbing connections that meet manufacturer requirements
- (b) ☐ space for docking station

2.8-5

**BUILDING SUPPORT FACILITIES**

2.8-5.1

Materials Management:

2.1-5.1.2

- ☐ Receiving facilities
  - ☐ unpacking or box breakdown area accessible from designated delivery door

2.1-5.1.3

- ☐ Service entrance
  - ☐ check if not included in project
  - ☐ protected from inclement weather

2.8-5.4

Engineering &amp; Maintenance Services:

2.1-5.4.2.1

- ☐ Equipment rooms for HVAC, telecom. & electrical equipment

2.1-5.4.2.2

- ☐ secured with controlled access

2.1-5.4.3

- ☐ Building maintenance supplies & equipment storage room

2.8-6.2

**PUBLIC AREAS**

2.8-6.1.2

- ☐ Emergency department designed to ensure that access control is maintained at all times

2.8-6.2.1.1

☐ Primary entrance

- (1) ☐ well-marked illuminated & covered primary entrance at grade level
- (2) ☐ primary entrance cover provide shelter extending at least over passenger side of the vehicle

**Architectural Requirements****Building Systems Requirements**

- 2.8-6.2.1.2 ☐ Ambulance entrance
- (1) ☐ separate ambulance entrance be provided at grade level
- (2) ☐ emergency vehicle entry cover provide shelter for both patient & emergency medical crew during transfer between emergency vehicle & building
- (3) ☐ ambulance entrances provide min. 6'-0" clear width to accommodate expanded-capacity stretchers & gurneys, mobile patient lift devices & accompanying attendants

- 2.1-6.2.2 ☐ Reception
- ☐ reception & information counter, desk or kiosk provided either at main entry or at each clinical service

- 2.8-6.2.3 ☐ Public waiting area
- 2.1-6.2.3.2 ☐ visible from staff area either by camera or direct staff sight line

Ventilation:

☐ Min. 12 air changes per hour Table 7.1

☐ Exhaust

☐ Negative pressure

- 2.8-6.2.3.1(1) ☐ Public toilet room
- ☐ immediately accessible\*
- ☐ handwashing station

Ventilation:

☐ Min. 10 air changes per hour Table 7.1

☐ Exhaust

☐ Negative pressure

☐ No recirculating room units

- (2) ☐ Provisions for drinking water
- (3) ☐ Provisions for telephone access

- 2.1-6.2.7.1 ☐ Wheelchair storage
- ☐ check if not included in project
- ☐ designated area located out of required corridor width
- ☐ directly accessible\* to entrance
- ☐ provided for at least one wheelchair

- 2.1-6.2.7.2 ☐ Wheelchair parking space
- ☐ designated area provided for parking at least one patient-owned wheelchair in non-public area
- ☐ located out of any required egress width or other required clearance

2.8-6.3 **ADMINISTRATIVE AREAS**

- 2.8-6.3.2 ☐ Interview space
- 2.8-6.3.2.2 (may be combined with triage area)
- 2.8-6.3.2.1 ☐ provide speech & visual privacy

**Architectural Requirements****Building Systems Requirements**

- 2.8-6.3.5 ☐ Medical records space  
☐ provisions be made for securing medical records of all media types used by facility
- 2.1-6.3.5.1 ☐ location restricted to staff access to maintain confidentiality of record
- 2.1-6.3.5.2 Space Requirements:
- (1) ☐ space provided for medical records management
- (2) ☐ physical space for electronic storage of forms or documents

**\*LOCATION TERMINOLOGY:**

Directly accessible: Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space

Adjacent: Located next to but not necessarily connected to the identified area or room

Immediately accessible: Available either in or adjacent to the identified area or room

Readily accessible: Available on the same floor or in the same clinic as the identified area or room

**Architectural Details & MEP Requirements**

2.1-7.2.2 **ARCHITECTURAL DETAILS**  
**CORRIDOR WIDTH:**

- 2.1-7.2.2.1 ☐ Min. 44"  
 IBC 1018.2 **or**  
☐ Detailed code review incorporated in Project Narrative

- 421 CMR 6.00 ☐ Corridors include turning spaces for wheelchairs  
 (2) ☐ Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6'-0"

- 2.1-7.2.2.2 **CEILING HEIGHT:**  
 (2) ☐ Min. height 7'-0" in radiography, procedure, operating rooms from floor to lowest protruding element of equipment or fixture in stowed position  
 (4) ☐ Min. height 7'-6" above floor of suspended tracks, rails & pipes located in traffic path  
☐ Min. ceiling height 7'-10" in other areas

2.1-7.2.2.3 **DOORS & DOOR HARDWARE:**

- (1) Door Type:  
 (a) ☐ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors

(b)

- ☐ sliding doors  
☐ check if not included in project  
☐ manual or automatic sliding doors comply with NFPA 101  
☐ detailed code review incorporated in Project Narrative  
☐ no floor tracks

(2)

**Door Opening:**

(a)

- ☐ min. 34" clear door width  
☐ min. 83.5" clear door height

(b)

**Rooms with Gurney Access:**

- ☐ check if not included in project  
☐ 41.5" min. clear door width  
☐ 79.5" min. clear door height

(3)

**Door Swing:**

(a)

- ☐ doors do not swing into corridors except doors to non-occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware

(4)

- ☐ Lever hardware or push/pull latch hardware

(5) (a)	<p>Doors for Patient Toilet Facilities:</p> <p>___ door that swings outward</p> <p><b>or</b></p> <p>___ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)</p> <p><b>or</b></p> <p>___ sliding door other than pocket door</p>	2.1-7.2.2.14	___ Decorative water features ___ <input type="checkbox"/> check if <u>not</u> included in project
(1)		(1)	___ no indoor unsealed (open) water features in confines of outpatient suite
(2)		(2)	___ no covered fish tanks in other than public areas of outpatient suite
(b)	<p>___ toilet room opens onto public area or corridor</p> <p><input type="checkbox"/> check if <u>not</u> included in project</p> <p>___ visual privacy is maintained</p>	2.1-7.2.2.3 2.1-7.2.3.1	<p><b>SURFACES</b></p> <p><b>FLOORING &amp; WALL BASES:</b></p>
(1)		(1)	___ Flooring surfaces cleanable & wear-resistant for location
(3)		(3)	___ Smooth transitions provided between different flooring materials
(4)		(4)	___ Flooring surfaces including those on stairways are stable, firm & slip-resistant
2.1-7.2.2.8	<b>HANDWASHING STATIONS:</b>	(5)	___ Floors & wall bases of all areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions
(3)(a)	___ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly		
(3)(b)	___ Countertops substrate		
	<input type="checkbox"/> check if <u>not</u> included in project		
	___ marine-grade plywood (or equivalent material) with impervious seal	(6)(a)	___ Floors are monolithic & integral coved wall bases are at least 6" high & tightly sealed to wall in rooms listed below
(4)	___ Handwashing station casework		<ul style="list-style-type: none"> <li>• trauma rooms</li> <li>• airborne infection isolation (AII) room &amp; any anteroom</li> </ul>
	<input type="checkbox"/> check if <u>not</u> included in project		
	___ designed to prevent storage beneath sink	2.1-7.2.3.2	<b>WALLS &amp; WALL PROTECTION:</b>
(5)	___ Provisions for drying hands	(1)(a)	___ Wall finishes are washable
	<input type="checkbox"/> check if <u>not</u> included in project (only at hand scrub facilities)	(1)(b)	___ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
(a)	___ hand-drying device does not require hands to contact dispenser	(2)	___ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth
(b)	___ hand-drying device is enclosed to protect against dust or soil	(4)	___ Wall protection devices & corner guards durable & scrubbable
(6)	___ Liquid or foam soap dispensers	2.1-7.2.3.3	<b>CEILINGS:</b>
2.1-7.2.2.9	<b>GRAB BARS:</b>	(1)	___ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
(1)	___ Grab bars anchored to sustain concentrated load 250 pounds	(a)	___ Ceilings cleanable with routine housekeeping equipment
(3)	___ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors	(b)	___ Acoustic & lay-in ceilings where used do not create ledges or crevices
2.1-7.2.2.10	<b>HANDRAILS:</b>	(2)	<b>Semi-Restricted Areas:</b>
	<input type="checkbox"/> check if <u>not</u> included in project	(a)	___ ceiling finishes are scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals
(2)	___ Rail ends return to wall or floor		
(3)	___ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius		
(4)	___ Handrails have eased edges & corners		
(5)	___ Handrail finishes are cleanable		

(b)	<input type="checkbox"/> lay-in ceilings <input type="checkbox"/> gasketed or each ceiling tile weighs at least one pound per square foot	Part 3/6.3	<b>OUTDOOR AIR INTAKES &amp; EXHAUST DISCHARGES:</b>  <b>Outdoor Air Intakes:</b> <input type="checkbox"/> located min. of 25'-0" from cooling towers & all exhaust & vent discharges <input type="checkbox"/> outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade <input type="checkbox"/> air intakes located away from public access <input type="checkbox"/> all intakes are designed to prevent entrainment of wind-driven rain
(c)	<input type="checkbox"/> use of perforated tegular serrated or highly textured tiles not are permitted in semi-restricted areas	Part 3/6.3.1 Part 3/6.3.1.1	
	<b>or</b> <input type="checkbox"/> ceilings of monolithic construction		
2.1-7.2.4.3	<input type="checkbox"/> Privacy curtains in patient care areas are washable		
2.1-8.2	<b>HEATING VENTILATION &amp; AIR-CONDITIONING (HVAC) SYSTEMS UTILITIES:</b> Ventilation Upon Loss of Electrical Power: <input type="checkbox"/> space ventilation & pressure relationship requirements of Table 7.1 are maintained for AII Rooms & Operating Rooms in event of loss of normal electrical power <input type="checkbox"/> check if <u>not</u> included in project	Part 3/6.3.1.3	<input type="checkbox"/> intakes on top of buildings <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> located with bottom of air intake min. of 3'-0" above roof level
Part 3/6.1 Part 3/6.1.1		Part 3/6.3.1.4	<input type="checkbox"/> intake in areaway <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> bottom of areaway air intake opening is at least 6'-0" above grade <input type="checkbox"/> bottom of air intake opening from areaway into building is at least 3'-0" above bottom of areaway
Part 3/6.1.2 Part 3/6.1.2.1		Part 3/6.3.2 Part 3/6.3.2.1	<b>Contaminated Exhaust Discharges:</b> <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from AII rooms or HD sterile compounding pharmacy) <input type="checkbox"/> exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building
Part 3/6.1.2.2	Central cooling systems greater than 400 tons (1407 kW) peak cooling load <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> number & arrangement of cooling sources & essential accessories is sufficient to support owner's facility operation plan upon breakdown or routine maintenance of any one of cooling sources	Part 3/6.3.2.2	<input type="checkbox"/> exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10 feet above adjoining roof level <input type="checkbox"/> exhaust discharge outlets from AII rooms is located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public
Part 3/6.2 Part 3/6.2.1	<b>AIR-HANDLING UNIT (AHU) DESIGN:</b> <input type="checkbox"/> AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance		

Part 3/6.4	<b>FILTRATION:</b> <input type="checkbox"/> Two filter banks for trauma rooms (see Table 6.4) <input type="checkbox"/> Filter Bank No. 1: MERV 7 <input type="checkbox"/> Filter Bank No. 2: MERV 14 <input type="checkbox"/> All other outpatient spaces one filter bank MERV 7 <input type="checkbox"/> Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed	Part 3/6.8.3	<input type="checkbox"/> Energy recovery systems with leakage potential <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> arranged to minimize potential to transfer exhaust air directly back into supply airstream <input type="checkbox"/> designed to have no more than 5% of total supply airstream consisting of exhaust air <input type="checkbox"/> not used from these exhaust airstream sources: soiled or decontamination room
Part 3/6.4.1	<input type="checkbox"/> Filter Bank No. 1 placed upstream of heating & cooling coils	Part 3/7	<b>SPACE VENTILATION:</b>
Part 3/6.4.2	<input type="checkbox"/> Filter Bank No. 2 placed downstream of all wet-air cooling coils & supply fan	Part 3/7.1.a	<input type="checkbox"/> Complies with Table 7.1
Part 3/6.5	<b>HEATING &amp; COOLING SYSTEMS:</b>	Part 3/7.1.a.1	<input type="checkbox"/> Air movement is from clean to less-clean areas
Part 3/6.5.3	<input type="checkbox"/> Radiant heating systems <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room & trauma room	Part 3/7.1.a.3	<input type="checkbox"/> Min. number of total air changes required for positive pressure rooms is provided by total supply airflow <input type="checkbox"/> Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow
Part 3/6.7	<b>AIR DISTRIBUTION SYSTEMS:</b>	Part 3/7.1.a.4	<input type="checkbox"/> Entire minimum outdoor air changes per hour required by Table 7.1 for each space meet filtration requirements of Section 6.4
Part 3/6.7.1	<input type="checkbox"/> Maintain pressure relationships required in tables 7.1 in all modes of HVAC system operation <input type="checkbox"/> Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems <input type="checkbox"/> Recovery rooms are served by fully ducted return or exhaust systems	Part 3/7.1a.5	<input type="checkbox"/> Air recirculation through room unit <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> complies with Table 7.1 <input type="checkbox"/> room unit receive filtered & conditioned outdoor air <input type="checkbox"/> serve only a single space <input type="checkbox"/> provides min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered
Part 3/6.7.2	<b>Air Distribution Devices:</b> <input type="checkbox"/> supply air outlets comply with Table 6.7.2	Part 3/7.2	<b>ADDITIONAL ROOM-SPECIFIC REQUIREMENTS:</b>
Part 3/6.7.3	<b>Smoke Barriers:</b> <input type="checkbox"/> HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers.	Part 3/7.2.1	<b>Airborne Infection Isolation (AII) Rooms</b> <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor <input type="checkbox"/> Local visual means is provided to indicate whenever negative differential pressure is not maintained <input type="checkbox"/> Air from AII room is exhausted directly to outdoors <input type="checkbox"/> Exhaust air from AII rooms, associated anterooms & toilet rooms is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system
Part 3/6.8	<b>ENERGY RECOVERY SYSTEMS:</b>		
	<input type="checkbox"/> check if <u>not</u> included in project		
Part 3/6.8.1	<input type="checkbox"/> Located upstream of Filter Bank No. 2		
Part 3/6.8.2	<input type="checkbox"/> AII room exhaust systems are not used for energy recovery		

	<input type="checkbox"/> Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed	(3)	<input type="checkbox"/> branch circuits serve floors on which they are located <input type="checkbox"/> panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below <input type="checkbox"/> panelboards not located in exit enclosures or exit passageways
	<input type="checkbox"/> Anteroom <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> AII room is at negative pressure with respect to anteroom <input type="checkbox"/> Anteroom is at negative pressure with respect to corridor	(4)	
Part 3/7.4.1	Trauma Rooms	2.1-8.3.2.3	Ground-Fault Circuit Interrupters in Critical Care Areas: <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> each receptacle individually protected by single GFCI device
	<input type="checkbox"/> Each TR has individual temperature control <input type="checkbox"/> TR is provided with primary supply diffuser array designed as follows: <input type="checkbox"/> airflow is unidirectional downwards & average velocity of diffusers is 25 to 35 CFM/ft <sup>2</sup> <input type="checkbox"/> diffusers are concentrated to provide airflow pattern over patient & surgical team <input type="checkbox"/> coverage area of primary supply diffuser array extends min. 12" beyond footprint of surgical table on each side <input type="checkbox"/> no more than 30% of portion of primary supply diffuser array is used for non-diffuser uses <input type="checkbox"/> additional supply diffusers provided within room outside of primary supply diffuser array <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> each TR has at least two low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible with bottom of these grilles installed approximately 8" above floor	(2)	
		2.1-8.3.3	<b>POWER-GENERATING &amp; -STORING EQUIPMENT</b>
		2.1-8.3.3.1	<input type="checkbox"/> Essential electrical system or emergency electrical power <input type="checkbox"/> essential electrical system complies with NFPA 99 <input type="checkbox"/> emergency electrical power complies with NFPA 99
		(1)	
		(2)	
		2.1-8.3.5	<b>ELECTRICAL EQUIPMENT</b>
		2.1-8.3.5.1	<input type="checkbox"/> Handwashing sinks & scrub sinks that depends on building electrical service for operation are connected to essential electrical system <input type="checkbox"/> check if <u>not</u> included in project
		2.1-8.3.6	<b>ELECTRICAL RECEPTACLES</b>
			<input type="checkbox"/> Receptacles in patient care areas are provided according to Table 2.1-1
		2.1-8.4	<b>PLUMBING SYSTEMS</b>
		2.1-8.4.2	Plumbing & Other Piping Systems:
		2.1-8.4.2.1(3)	<input type="checkbox"/> no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem
Part 3/7.4.3	Imaging Procedure Rooms	2.1-8.4.2.5	Heated Potable Water Distribution Systems:
	<input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> Anesthetic gases are administered <input type="checkbox"/> ventilation requirements for operating rooms are met <b>or</b> <input type="checkbox"/> No anesthetic gases are administered	(2)	<input type="checkbox"/> heated potable water distribution systems serving patient care areas are under constant recirculation <input type="checkbox"/> non-recirculated fixture branch piping length max. 25'-0" <input type="checkbox"/> no installation of dead-end piping (except for empty risers mains & branches for future use) <input type="checkbox"/> any existing dead-end piping is removed <input type="checkbox"/> check if <u>not</u> included in project
2.1-8.3	<b>ELECTRICAL SYSTEMS</b>	(3)(a)	<input type="checkbox"/> water-heating system supplies water at following range of temperatures: 105–120°F
2.1-8.3.2	<b>ELECTRICAL DISTRIBUTION &amp; TRANSMISSION</b>	(3)(c)	
2.1-8.3.2.2	Panelboards:	(3)(b)	
(1)	<input type="checkbox"/> all panelboards accessible to health care tenants they serve	(4)(a)	
(2)	<input type="checkbox"/> panelboard serving critical		

2.1-8.4.2.6 (1)(a)	<b>Drainage Systems:</b> ___ drainage piping installed above ceiling of or exposed in rooms listed below piping have special provisions (e.g. double wall containment piping) to protect space below from leakage & condensation <ul style="list-style-type: none"> <li>• trauma rooms</li> <li>• electronic data processing areas</li> <li>• electrical rooms</li> </ul>	(b) ___ sensor-regulated water fixtures <input type="checkbox"/> check if <u>not</u> included in project ___ meet user need for temperature & length of time water flows ___ designed to function at all times and during loss of normal power
(1)(b)	___ drip pan for drainage piping above ceiling of sensitive area <input type="checkbox"/> check if <u>not</u> included in project ___ accessible ___ overflow drain with outlet located in normally occupied area	2.1-8.4.3.4 <b>Ice-Making Equipment:</b> ___ copper tubing provided for supply connections to ice-making equipment
(2) (a)	<b>Floor Drains:</b> ___ no floor drains in procedure rooms & trauma rooms	2.1-8.4.3.5 (1) <b>Clinical Flushing-Rim Sinks:</b> ___ trimmed with valves that can be operated without hands (may be single-lever or wrist blade devices) (a)    ___ handles are at least 6 in. long (b)    ___ integral trap wherein upper portion of water trap provides visible seal (2)
2.1-8.4.3 2.1-8.4.3.1(1)	<b>PLUMBING FIXTURES</b> ___ Materials used for plumbing fixtures are non-absorptive & acid-resistant	2.1-8.4.4 <b>MEDICAL GAS &amp; VACUUM SYSTEMS</b> ___ Station outlets provided as indicated in Table 2.1-2
2.1-8.4.3.2 (1)	<b>Handwashing Station Sinks:</b> ___ sinks are designed with basins that will reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared	2.1-8.5.1 2.1-8.5.1.1(1) <b>CALL SYSTEMS</b> ___ Nurse call stations provided as required in Table 2.1-3
(2)	___ sink basins have nominal size of no less than 144 square inches ___ sink basins have min. dimension 9 inches in width or length	2.1-8.7 <b>ELEVATORS</b> <input type="checkbox"/> check if <u>not</u> included in project 2.1-8.7.3 <b>Dimensions of Elevators Used for Transport of Outpatients on Gurneys:</b> ___ elevator cars have min. inside floor dimension of 5'-8" wide by 7'-9" deep
(3)	___ sink basins are made of porcelain, stainless steel or solid-surface materials	2.1-8.7.4    ___ Elevators are equipped with two-way automatic level-maintaining device with accuracy of $\pm 1/4$ inch
(5)	___ water discharge point of faucets is at least 10" above bottom of basin	2.1-8.7.5 <b>Elevator Controls:</b>
(7)	___ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied	2.1-8.7.5.1    ___ elevator call buttons & controls not activated by heat or smoke
(8)	___ sinks controls used by staff, patients, & public can be operated without using hands (may be single-lever or wrist blade devices)	2.1-8.7.5.2    ___ light beams if used for operating door reopening devices without touch are used in combination with door-edge safety devices & are interconnected with system of smoke detectors
(a)	___ blade handles <input type="checkbox"/> check if <u>not</u> included in project ___ at least 4 inches in length ___ provide clearance required for operation	2.1-8.7.5.3    ___ elevator controls, alarm buttons & telephones are accessible to wheelchair occupants & usable by the blind